# Exhibit 300: Capital Asset Plan and Business Case Summary Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. Date of Submission: 2010-03-17 14:10:13

2. Agency: 009

3. Bureau: 10

4. Name of this Investment: FDA MedWatch Plus

5. Unique Project (Investment) Identifier: 009-10-01-03-01-0042-00

- 6. What kind of investment will this be in FY 2011?: Mixed Life Cycle
  - Planning
  - Full Acquisition
  - Operations and Maintenance
  - Mixed Life Cycle
  - Multi-Agency Collaboration
- 7. What was the first budget year this investment was submitted to OMB? \*
- 8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap; this description may include links to relevant information which should include relevant GAO reports, and links to relevant findings of independent audits.

The FDA receives more than 600,000 voluntary post-marketing adverse event (AE) reports annually from manufacturers, health care professionals and consumers for all FDA-regulated products. The reports are analyzed by FDA safety evaluators for product risk assessment. Currently, a variety of computer programs enter the AE report into various databases that contain an archive of more than 3 million AE reports. Not all AE reports are submitted electronically, and there are many paper and data entry steps. Additionally, reviewers lack the most up-to-date signal detection technology in order to find patterns that could be buried in the massive amount of data being reviewed. The MedWatch Plus Investment will close the current performance gap to create a fully automated system that possesses up-to-date data with seamless integration points facilitating data sharing and more efficient reviews by the safety evaluators. This investment includes two system components, the MedWatch Plus Portal to receive and process AE reports, and the FDA Adverse Events Reporting System (FAERS) to allow for scientific and quantitative analysis of received reports. The MedWatch Plus Portal will institute a single Internet portal with a user-friendly electronic submission capability, encouraging the reporting of information in a quality and uniform manner. Behind the portal will be FAERS, a single agency-wide data warehouse of AE reports instead of various separate databases. This will enable data sharing through the seamless integration of data. FDA safety evaluators will possess the ability to make vital connections to AE data and strengthen risk detection by finding patterns in data. Medwatch Plus specifically aligns to the eGov PMA initiative. An outcome of this investment will be to reduce the average unit cost to prepare and process AE reports. It will also increase the consistency and timeliness of reports by utilizing standardized data collection processes. Moving towards an efficient fully electronic process, instituting a user-friendly website encouraging voluntary reports, consolidating the databases into a single data warehouse and developing powerful tools for risk detection aligns the MedWatch Plus investment with the FDA strategic goal of improving patient and consumer safety and also with the DHHS strategic objective of improving health care quality, safety, cost, and value.

a. Provide here the date of any approved rebaselining within the past year, the date for the most recent (or planned)alternatives analysis for this investment, and whether this investment has a risk management plan and risk register.

- 9. Did the Agency's Executive/Investment Committee approve this request? \* a.If "yes," what was the date of this approval? \*
- 10. Contact information of Program/Project Manager?
  - Name: \*
  - Phone Number: \*
  - Email: \*
- 11. What project management qualifications does the Project Manager have? (per FAC-P/PM)? \*
  - Project manager has been validated according to FAC-PMPM or DAWIA criteria as qualified for this investment.
  - Project manager qualifications according to FAC-P/PM or DAWIA criteria is under review for this investment.
  - Project manager assigned to investment, but does not meet requirements according to FAC-P/OM or DAWIA criteria.
  - Project manager assigned but qualification status review has not yet started.
  - No project manager has yet been assigned to this investment.

## 12. If this investment is a financial management system, then please fill out the following as reported in the most recent financial systems inventory (FMSI):

Financial management system name(s)	System acronym	Unique Project Identifier (UPI) number
*	*	*

- a. If this investment is a financial management system AND the investment is part of the core financial system then select the primary FFMIA compliance area that this investment addresses (choose only one): \*
  - computer system security requirement;
  - internal control system requirement;
  - o core financial system requirement according to FSIO standards;
  - Federal accounting standard;
  - U.S. Government Standard General Ledger at the Transaction Level;
  - this is a core financial system, but does not address a FFMIA compliance area;
  - Not a core financial system; does not need to comply with FFMIA

Section B: Summary of Funding (Budget Authority for Capital Assets)

1.

	Table 1: SUMMARY OF FUNDING FOR PROJECT PHASES (REPORTED IN MILLIONS) (Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)											
	PY1 and earlier	PY 2009	CY 2010	BY 2011	BY+1 2012	BY+2 2013	BY+3 2014	BY+4 and beyond	Total			
Planning:	*	*	*	*	*	*	*	*	*			
Acquisition:	*	*	*	*	*	*	*	*	*			
Subtotal Planning & Acquisition:	*	*	*	*	*	*	*	*	*			
Operations & Maintenance :	*	*	*	*	*	*	*	*	*			
Disposition Costs (optional):	*	*	*	*	*	*	*	*	*			
SUBTOTAL:	*	*	*	*	*	*	*	*	*			
		Government F	TE Costs sh	ould not be ir	ncluded in the	amounts pro	ovided above.					
Government FTE Costs	*	*	*	*	*	*	*	*	*			
Number of FTE represented by Costs:	*	*	*	*	*	*	*	*	*			
TOTAL(inclu ding FTE costs)	*	*	*	*	*	*	*	*	*			

2. If the summary of funding has changed from the FY 2010 President's Budget request, briefly explain those changes:

\*

#### Section C: Acquisition/Contract Strategy (All Capital Assets)

1.

Table 1: Contracts/Task Orders Table												
Contract or Task Order Number	Type of Contract/Task Order (In accordance with FAR Part 16)	Has the contr act been awar ded (Y/N)	If so what is the date of the award? If not, what is the planned award date?	Start date of Contract/T ask Order	End date of Contract/T ask Order	Total Value of Contract/ Task Order (M)	Is this an Inter agen cy Acqu isitio n? (Y/N)	Is it perfo rman ce base d? (Y/N)	Com petiti vely awar ded? (Y/N)	What, if any, alternativ e financing option is being used? (ESPC, UESC, EUL, N/A)	Is EVM in the contr act? (Y/N)	
GST0008AJL061	CPAF: Cost Plus Award Fee	Υ	2008-03-26	2008-04-01	2013-03-31	\$39.6	*	*	*	*	*	
HHSF223200750663G	T&M: Time & Materials	Υ	2007-08-31	2007-09-01	2010-08-31	\$5.1	*	*	*	*	*	
TBD	CPAF: Cost Plus Award Fee	Y	2009-04-01	2009-04-01	2017-03-31	\$10.8	*	*	*	*	*	
HHSF223200830059C	T&M: Time & Materials	Υ	2008-09-22	2008-10-01	2009-09-30	\$2.5	*	*	*	*	*	
HHSF223200750548G	T&M: Time & Materials	Υ	2009-05-15	2009-06-01	2013-03-31	\$0.9	*	*	*	*	*	
TBD	T&M: Time & Materials	Υ	2009-09-22	2009-10-01	2011-09-30	\$3.4	*	*	*	*	*	
HHSF223200650718G	T&M: Time & Materials	Υ	2006-09-14	2006-09-14	2008-09-30	\$0.2	*	*	*	*	*	

- 2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:
- 3. Is there an acquisition plan which reflects the requirements of FAR Subpart 7.1 and has been approved in accordance with agency requirements?  $^{\ast}$ 
  - a. If "yes," what is the date? \*

#### Section D: Performance Information (All Capital Assets)

Table 1: Performance Information Table  Fiscal Vest Strategie Measurement Measurement Resoling Target Actual Result											
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results				
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	45%	55%	55%				
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	•	•	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$15	\$13	\$13				
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the total number of voluntary reports received for fda regulated products submitted by subject matter professionals	15,105	15,558	19,038				
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	•	*	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	51%	53%	53%				
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	55%	60%	55%				
2009	S.O. 1.3 - Improve health care quality, safety, cost and value		*	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$13	\$12.50	\$13				
2009	S.O. 1.3 -	*	*	increase in the	0	15,350	0				

		Tab	ole 1: Performan	ce Information Ta	ble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
	Improve health care quality, safety, cost and value			total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters			
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	•	*	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	0%	55%	0%
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	14 days	14 days	14 days
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	٠	•	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	55%	65%	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$13	\$10.90	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	•	•	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step	0	15,558	tbd

		Tab	le 1: Performand	ce Information Ta	ble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				paper process by voluntary reporters			
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	0%	55%	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	•	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	14 days	14 days	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	65%	69%	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	•		reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$10.90	\$10.30	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters	15,558	17,153	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of reports via the user friendly, web-based, single-step	55%	56%	tbd

		Tab	ole 1: Performan	ce Information Ta	ble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters			
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	14 days	10 days	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	69%	72%	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$10.30	\$9.60	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	•	•	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters	17,153	18,011	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	56%	65%	tbd

		Tab	ole 1: Performano	ce Information Ta	ble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	10 days	8 days	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	72%	74%	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	•		reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$9.60	\$9.10	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters	18,011	18,551	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	•	•	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	65%	66%	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	٠	•	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	8 days	6 days	tbd

		Tab	ole 1: Performan	ce Information Ta	ıble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	•	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	74%	76%	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$9.10	\$8.60	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	•	*	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters	18,551	19,107	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	•	*	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	66%	67%	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	٠	*	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	6 days	6 days	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	increase in the percentage of all adverse event (ae) reports submitted electronically compared to all ae reports submitted	76%	78%	tbd

		Tab	le 1: Performand	ce Information Ta	ble		
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	•	reduce unit cost associated with turning a submitted adverse event report into a verified record in a database	\$8.60	\$8.10	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	•	increase in the total number of reports via the user friendly, web-based, single-step rational questionnaire vs. the number submitted via the multi-step paper process by voluntary reporters	19,107	19,698	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	•	increase in the percentage of reports via the user friendly, web-based, single-step rational questionnaire vs. the percentage submitted via the multi-step paper process by voluntary reporters	67%	68%	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	average processing time will be reduced for converting a voluntary paper ae report into a verified/usable record in a database.	6 days	6 days	tbd

### Part II: Planning, Acquisition And Performance Information

Section A: Cost and Schedule Performance (All Capital Assets)

	1. Compa	arison of Actu	al Work Comple	eted and Actua	l Costs to Curi	ent Approved I	Baseline	
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
MW+ Program Mgmt Support (FY09 Funding)	\$2.5	\$2.3	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
MW+ Program Mgmt Support (FY10 Funding)	\$1.6	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
MW+ Program Mgmt Support (FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
MW+ Program Mgmt Support (FY12 Funding)	*	*	2012-04-01		2013-03-31		0.00%	0.00%
MW+ Program Mgmt FTE (FY09-12 Funding)	\$2.1	\$0.8	2009-04-01	2009-04-01	2013-03-31		37.93%	37.10%
MW+ Program Mgmt FTE (FY09-14 Funding)	\$1.5	\$0.2	2009-04-01	2009-04-01	2015-03-31		15.28%	14.90%
MW+ Hardware and Software (FY09 Funding)	\$4.2	\$3.8	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
MW+ Hardware and Software (FY10 Funding)	\$1.0	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
MW+ Hardware and Software ( FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
MW+ Hardware and Software (FY12-14 Funding)	*	*	2012-04-01		2015-03-31		0.00%	0.00%
MW+ Design, Build, Test, Training, and Implementatio n of Release	\$3.9	\$3.3	2009-04-01	2009-04-01	2010-05-01	2010-05-01	84.62%	100.00%

	1. Comp	arison of Actua	al Work Comple	eted and Actua	I Costs to Curr	ent Approved	Baseline	
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
MW+ Reqs Analysis, Design, Build, Test, Training, and Implementatio n Release 2 (FY09 & 10 Funding)		\$0.0	2010-03-01	2010-03-01	2010-11-01		0.00%	0.00%
MW+ Reqs Analysis, Design, Build, Test, Training, and Implementatio n of Release 3	\$1.7	\$0.0	2010-04-01	2010-04-01	2011-02-01		0.00%	0.00%
MW+ C&A and Security Activities (FY09 Funding)	\$0.2	\$0.1	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
MW+ C&A and Security Activities (FY10 Funding)	\$0.2	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
MW+ C&A and Security Activities (FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
MW+ C&A and Security Activities (FY12 Funding)	*	*	2012-04-01		2013-03-31		0.00%	0.00%
MW+ Operations and Maintenance (FY10 Funding)	\$0.8	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
MW+ Operations and Maintenance (FY11 Funding)	٠	*	2011-04-01		2012-03-31		0.00%	0.00%
MW+ Operations and Maintenance (FY12-14 Funding)	٠	*	2012-04-01		2015-03-31		0.00%	0.00%
MW+ Legacy Systems O & M (FY09-14 Funding)	\$10.8	\$1.6	2009-04-01	2009-04-01	2015-03-31		15.28%	14.90%
FAERS Program	\$2.8	\$2.5	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%

	1. Compa	arison of Actua	al Work Comple	eted and Actua	I Costs to Curr	ent Approved	Baseline	
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Mgmt Support (FY09 Funding)								
FAERS Program Mgmt Support (FY10 Funding)	\$1.4	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
FAERS Program Mgmt Support (FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
FAERS Program Mgmt Support (FY12 Funding)	*	*	2012-04-01		2013-03-31		0.00%	0.00%
FAERS Program Mgmt FTE (FY09-12 Funding)	\$2.1	\$0.8	2009-04-01	2009-04-01	2013-03-31		37.93%	37.10%
FAERS Program Mgmt FTE (FY09-14 Funding)	\$0.7	\$0.1	2009-04-01	2009-04-01	2015-03-31		15.28%	14.90%
FAERS Hardware and Software (FY09 Funding)	\$4.7	\$4.2	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
FAERS Hardware and Software (FY10 Funding)	\$0.9	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
FAERS Hardware and Software (FY11 Funding)	*		2011-04-01		2012-03-31		0.00%	0.00%
FAERS Hardware and Software (FY12-14 Funding)	*	*	2012-04-01		2015-03-31		0.00%	0.00%
FAERS Design, Build, Test, Training, and Implementatio n of Release 1	\$5.9	\$5.4	2009-04-01	2009-04-01	2009-09-28	2009-09-28	91.67%	100.00%
FAERS Reqs Analysis, Design, Build, Test, Training, and Implementatio n Release 2	\$4.1	\$0.3	2009-08-01	2009-08-01	2010-11-30		6.25%	6.25%

	1. Compa	arison of Actua	al Work Comple	eted and Actua	I Costs to Curr	ent Approved	Baseline	
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
(FY09-10 Funding)								
FAERS Reqs Analysis, Design, Build, Test, Training, and Implementatio n of Release 3 (FY10 and 11 Funding)	\$12.2	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
FAERS C&A and Security Activities (FY09 Funding)	\$0.2	\$0.1	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
FAERS C&A and Security Activities (FY10 Funding)	\$0.2	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
FAERS C&A and Security Activities (FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
FAERS C&A and Security Activities (FY12 Funding)	*	*	2012-04-01		2013-03-31		0.00%	0.00%
FAERS Operations and Maintenance (FY09 Funding)	\$0.5	\$0.5	2009-04-01	2009-04-01	2010-03-31	2010-03-31	91.67%	100.00%
FAERS Operations and Maintenance (FY10 Funding)	\$0.8	\$0.0	2010-04-01	2010-04-01	2011-03-31		0.00%	0.00%
FAERS Operations and Maintenance (FY11 Funding)	*	*	2011-04-01		2012-03-31		0.00%	0.00%
FAERS Operations and Maintenance (FY12-14 Funding)	٠	٠	2012-04-01		2015-03-31		0.00%	0.00%
Closed FY07-08 Milestones Summary - DME	\$10.7	\$10.7	2007-11-01	2007-11-01	2009-03-31	2009-03-31	100.00%	100.00%

\* - Indicates data is redacted.